

\$1644



Practitioner's Docket No. 46,910-DIV2-CPA (46590)

**PATENT
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AUG 03 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Y. Hayashi, et al.

Application No.: 09/499,765

Group No.: 1644

Filed: 02/09/2000

Examiner: Nolan, P.

TECH CENTER 1600/2900

For: COMPOSITION CONTAINING α -FODRIN OR α -FODRIN FRAGMENT PROTEIN

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

CERTIFICATE OF MAILING/TRANSMISSION(37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

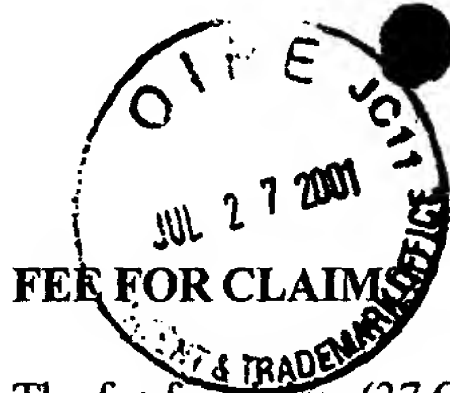
FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: July 25, 2001

Donna M. Tomaso
(type or print name of person certifying)



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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee
Total	7	Minus	20	=0		x \$0. =	\$0
Indep.	1	Minus	3	=		x \$0. =	\$0
First Presentation of Multiple Dependent Claim						+ \$0 =	\$0
						Total	\$0.00
						Addit. Fee	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write AO= in Col. 3,
** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20=.
*** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3=.
The AHighest No. Previously Paid For= (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

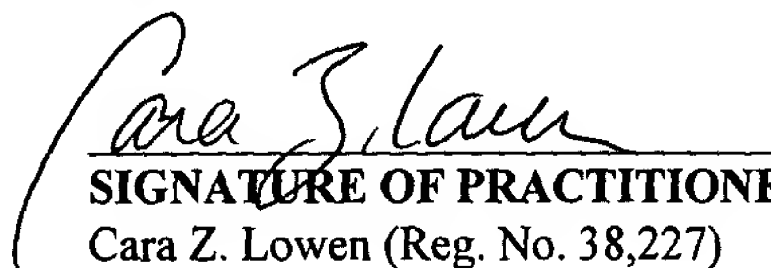
FEE PAYMENT

5. Attached is a check in the sum of \$890.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Date: July 25, 2001


SIGNATURE OF PRACTITIONER
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